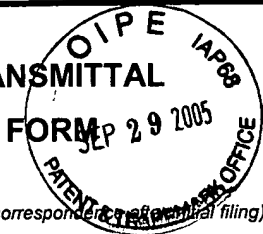
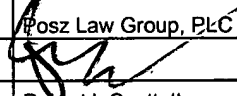


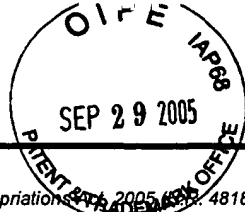
IPW  
\$

<div style="text-align: center;">  <p><b>TRANSMITTAL FORM</b></p> <p><small>(to be used for all correspondence with the Patent Office)</small></p> </div>		Application Number	10/643,921
		Filing Date	8/20/2003
		First Named Inventor	ICHIDA
		Art Unit	3661
		Examiner Name	CAMBY
Total Number of Pages in This Submission	9	Attorney Docket Number	01-476

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLLC		
Signature			
Printed name	Robert L. Scott, II		
Date	29 September 2005	Reg. No.	43,102

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	



<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/643,921
		Filing Date	8/20/2003
		First Named Inventor	ICHIDA
		Examiner Name	CAMBY
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	3661
TOTAL AMOUNT OF PAYMENT	(\$ 120	Attorney Docket No.	01-476

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ None    ☐ Other (please identify):

☒ Deposit Account    Deposit Account Number: 50-1147    Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Small Entity Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

HP = highest number of total claims paid for, if greater than 20    **Fee (\$)**    **Fee Paid (\$)**

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension fee for reply within 1<sup>st</sup> month

**Fees Paid(\$)**    **120**

<b>SUBMITTED BY</b>		
Signature	Registration No. (Attorney/Agent) 43,102	Telephone (703) 707-9110
Name (Print/Type) Robert L Scott, II	Date 29 September 2005	